`•										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO														
Effective Dec mber 29, 1999									<u>_</u>	09/662783				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE COR			OTHER THAN SMALL ENTITY		
FOR.			NUMBER FILED		NUMBER EXTRA			RATE	FEE		PATE	FEE		
BASIC FEE									345.00	OR		690.00		
TOTAL CLAIMS			65 minus 20-		. 45			X\$ 9=	4650	ОЯ	X\$18=			
INDEPENDENT CLAIMS) minus 3 =			•			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=			
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2									250		TOTAL		
	CLAIMS AS AMENDED - PART II									. 14/30		OTHER	THAN	
	(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAI AFTI AMEND	NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 5		Minue	*	65	-Ø		X\$ 9=	·	OR	X\$18=	• •	
	Independent	<u>· </u>		Minus	•••	<u></u>	- B		X39=		OR	X78≖		
<u> </u>	FIRST PRESE	NTATION	OF M	ALTIPLE DE	END	ENT CLAIM			+130=		OR:	* 260=		
BEST AVAILABLE COPY									TOTA		OR	TOTAL		
(Column 1) (Column 2) (Column 3)									VDDIT. FEI		JO.,	ADDIT. FEE		
AMENDMENT B		CLA	VIS.	200		RICHEST	, .	ſ	•	ADDI-	٠.		ADDI-	
		REMAII AFTI AMEND	ER .		PF	NUMBER EVIOUSLY NUD FOR	PRESENT EXTRA		PATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	·/0		Minus.	**	65.	•	1	X\$.0-		OR	X\$18=		
	Independent	•		euniM	•••	F1.77 01 4114	•		X39=		OR	. X78=		
	HRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130=	·	ОЯ	+260=	·	
				•			· :	L	TOTAL DDIT. FEE		OR	YOTAL		
	(Column 1) (Column 2) (Column 3)										, ,	ADOIT. FEE		
	Torus Big	CLA	is.	The Late		CHEST		r		ADDI-		·	·ADDI-	
AMENDMENT C		REMAII AFTE AMENDI	3 R ∶		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	•		Minus	**	٠	•		X\$ 9-		OR:	X\$18a		
	Independent	•		Minus	***		8	ŀ	X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
	1 the e ntry in colut	na 4 ka ka s		a anim in action	°	لمم م ا فجه طب ين	imo S	L	+130=		OR	+260=		
*	I the "Highest Nu	mber Previo	ounly Pe	ud for IN THE	S SPA	CE is less that	n 20, enter "20.'	· A	TOTAL DOIT, FEE		OR ,	TOTAL DOIT, FEE		
	If the "Highest Num The "Highest Num	ber Previo	usly Pai	e For (Total or	inder u com	endent) is the	highest numbe	: four	rd in the ap	od elshqorq	in coi	umn f.		